

Gerald D. Jennings Mayor

Office of the City Clerk City Hall - Room 202 Albany, New York 12207 Phone (518) 434-5090 Fax (518) 434-5081

Nala R. Woodard City Clerk

VENDOR PERMIT – CURBSIDE AND STREET / SEASONAL

Food Curbside – Truck \$2,1	70.00 /year	
Food Sidewalk – Cart \$1,0	085.50 /year	
Flowers \$375.00/ year		
Balloons \$50.00/ year		
Applicant's Name:		
Home Address:		Phone:
City:	_ State:	Zip Code:
Business Address:		Phone:
City:	_ State:	Zip Code:
Date of Birth:	Place of Bi	rth:
, ,	ave described on this application.	lease give the name, address, and phone
number of your employer. Na	ame:	
Address:		Phone #:
and phone number of the inc	•	If yes, please give name, address,
		Phone#:
Yes O No O If y	norizing you to act as a represe res, please attach a separate seer of person or corporation	heet of paper to explain including name,

applying for a vending permit? Yes No If yes, please attach separate sheet of paper to explain including name, address, and phone number of the person or corporation you have interest with.
Have you ever been known by another name other than the one used for this application? Yes O No If so, what name?
Has a vendor license been revoked or denied by any other municipality in the past five (5) years? Yes No If yes, explain:
Have you ever been convicted of a crime or misdemeanor? Yes O No O If yes, indicate where, date, and nature of the crime.
Have you ever been fingerprinted? Yes No If yes, where, when, and by what agency?
I verify that all the answers and information given freely by me on this application are true and accurate in all aspects and particulars, and are made solely for the purpose of obtaining the issuance of a vendor's permit. I understand that this permit allows only me to vend in the space that I am assigned by the City of Albany and that I have no rights of ownership on this space of the ability to transfer this space to anyone else. I understand that upon discovery, any inaccurate or misleading information may cause me to forfeit the license. I hereby indemnify the City of Albany and hold it harmless for all loss, damage or injury to person or property as a result of any activity connected with the issuance of this vending permit.
Signature of Applicant
Date
Sworn before me thisday of, 20
Commissioner of Deeds / Notary Public